

CHAPLAINCY INNOVATION LAB - TIPS ON OFFERING TELECHAPLAINCY

PLANNING

- Gather a group to think systematically
 - What are the needs of your “audience”? What are the situations to which you will be called to respond?
 - What is the most ethical way to respond? In a facility, do you have to go to the room or not?
 - What your “audience” will find to be the most convenient and useful means of communication?
 - What do you have available to you? Is it phone? Tablet? FaceTime? Zoom? Skype? In-room remote access?
 - How will your services be accessed? Referrals? Patient-initiated request? What is the process?
 - What can you deliver to groups (synchronously)? To meet individual needs/schedules (asynchronously)?
 - How can you adapt and change to added restrictions?
- Ask administration for latest information about HIPAA requirements
- Think ahead about potential challenges:
 - If you are part of an institution that tracks workload, be sure and clarify whether telechaplaincy counts in measuring chaplain workload. Unfortunately, in some organizations it does not though this may change with COVID-19.
 - How do you continue to engage chaplains working remotely?
 - What if all of your chaplains are furloughed?

STAFFING

- What skills are needed? Be sure you are matching skills to needs as much as possible.
- No one wants to talk to “Chaplain in a Box”, be sure that those doing telechaplaincy are able to communicate authentically via phone/Zoom/Skype.
- Ideally, have chaplains available who mirror the audience, e.g. some women may only wish to speak to a woman chaplain.

DELIVERING

- Before you begin:
 - Review the patient’s chart before connecting with them if possible.
 - Prepare a loose script (See Examples):
 - Develop a casual introduction (NOT “This is the chaplain.”)
 - Develop a message you can leave that is HIPAA compliant
 - Be aware of your dress (professional) and background (neutral and without distractions)
- On the phone:
 - Be sure you are communicating with the right person.
 - Take care that this is a good time for the person to talk with you.
 - Be creative in finding ways to deepen the conversation
 - Have a plan for getting off the phone gracefully.
- With telehealth, you are responsible for the patient’s well-being, even though you are miles apart. Pay close attention to any physical or emotional signs of distress.
- Respect confidentiality (HIPAA in health care settings).
- Documentation is important and be sure it includes any agreements the person has made as well as, if appropriate, a spiritual plan of care that addresses their unique needs (e.g. referral to local clergy, further sessions, etc.)

The above tips were developed based on input and presentations prepared by Juliana Leshner, M.Div., Ph.D., BCC, National Director of Chaplain Service at the Department of Veterans Affairs, Rev. Petra Sprick, MPH, MDiv, BCC of Atrium Health and Rev. Deborah Ingram, MDiv, BCC of Advocate Health.

BIBLIOGRAPHY:

Cobb, J and Chang, C (2018). "Spiritual Distress is Not Confined by Walls," *Health Progress*

A discussion of the experiences of Mercy Health and Ascension Health chaplains in delivering spiritual care to outpatients from several clinical areas using a variety of methods.

Betz, J, Szczesniak, R, Lewis, K, Pestian, T, Bennethum, AS, McBride J and Grossoehme DH (2019). "Feasibility and Acceptability of a Telephone-Based Chaplaincy Intervention to Decrease Parental Spiritual Struggle," *Journal of Religion and Health*

A randomized control trial of a structured phone-based spiritual care intervention focused on the parents of children with cystic fibrosis.

OTHER HELPFUL RESOURCES:

- **Center to Advance Palliative Care Telehealth Start-Up Guide** can be downloaded for free from <https://www.capc.org/toolkits/covid-19-response-resources/>
Although geared for palliative care, it has excellent information that is applicable to telechaplancy.